HEALTH

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Price FOUR Annas.

EDITED BY U. VASUDEVA RAU, M.B., B.S.

What's New in the News?

Bombay Inquiry into Quackery— A Welcome Measure

The Government of Bombay have launched a State-wide investigation into cases of *vaids* practising medicine without registering themselves as medical practitioners Such instances as come to light in the course of the investigation would be tried in law courts for violation of the Medical Practitioner's Act.

Mr. Morarji Desai, Bombay's Chief Minister, has ordered the investigation in each District of the State, following complaints from the public that many quacks were dealing with patients through advertisements in newspapers, promising cures far beyond their capacity.—(*Chemist and Drugstore News,* July 1953).

●

"Solid Dot—Braille" for the Blind

A new method of Braille printing known as "Solid dot" Braille, which will print three times as fast as the present embossing system at one third of the cost is being tried out in England by the National Institute for the Blind. The method, if brought into general use will print as many as 5,000 sheets an hour and after the initial cost of machinery will cheapen considerably the printing rates for Braille books.—(*U.N Weekly Letter,* 7-10-'53).

●

A Quick New Test for Drunkenness

Alcoholic concentration in the blood can now be detected in 25 minutes rather than in several hours required by older tests. The test consists of placing a sample of blood or of urine into one chamber of a two-part apparatus resembling a covered saucer. A chemical solution of potassium dichromate is placed in the other chamber and the apparatus is then heated. Alcohol, evaporates from the test sample, mixes with the chemical in the second chamber and produces a green colour—which is regarded by scientists as "presumptive evidence" of intoxication with alcohol.-(*Chemist and Drugstore News,* July '53).

A Human Milk Bank in Italy

Rome Uuiversity has opened a human milk bank at its children's clinic in Turin—the first of its kind in Italy. At the inaugural ceremony diplomas of merit were awarded to the volunteers who had given milk. The milk is stored in special containers at the hospital for infants whose mothers cannot breast-feed them.

●

Armpit Abscesses

Dr. Wirth conducted an investigation into the cause of abscesses of auxiliary sweat glands under the arm, and found that cosmetics may cause them. Eight men and twelve women formed the subjects of his study. Two of them used perfumed powder and the others used anti-perspirants Two of them were cured but had a recurrence More women use these medications than men —(*Military Surgeon, 110,* 1952).

●

Easel Exhibitions

Is the term given to a new method of exhibiting paintings. At frequented street-corners in the four largest Danish cities, a six-foot-high easel has been erected for displaying original pictures by well-known Danish artists. A selection Committee chooses the pictures each of which is shown for a fortnight The idea which was suggested by a law student, is to take art, literally to the man in the street.—(*Dan. Fgn. Off. Jour.*).

●

Novel Method of Silver Plating Flowers and Leaves

A Danish manufacturer has invented a method of silver plating leaves and flowers, Romantically minded persons can take delight in the fact that it is now possible to preserve a leaf or flower, say, from a wedding bouquet, as a "natural ornament encased in a layer of silver which is so thin, that no detail is lost.—(*Dan. Fgn. Off Jour*).

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A Journal Devoted to Healthful Living

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Founded by the late Dr. U. Rama Rau in 1923.

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THE MODERN MENACE TO MANKIND

INDIA is the third largest producer, and consumer of tobacco, the United States of America and China ranking first and second respectively. The Madras State is responsible for over one half of India's total production of tobacco and it consumes nearly 75 million pounds of manufactured tobacco every year costing over Rs. 50 crores! "India's total consumption" says the *Indian Express* "is made up of 120 million pounds in the form *Beedies*, 8 million pounds of snuff, 40 million pounds as cigars and cheroots, 124 million pounds through *Hooka*, and 87 million pounds in the shape of cigarettes. The total includes also 109 million pounds of tobacco which is chewed". None of these products conduce to human welfare; smoking, snuffing and chewing are all injurious to the human system.

The quantity of tobacco used for smoking in India, is nearly 380 million pounds as manufactured tobacco. The constituents of the various tobacco preparations used for smoking are very much the same and tobacco smoke includes carbon-dioxide, carbon - monoxide, particles of carbon—partially oxidised tobacco products that carry over with the smoke, together with volatalized substances, aldehydes including furfural and formaldehyde, ammonia, water vapour and tarry and oily materials. The Federal Trade Commission of the U. S. A., recently proved that tobacco is a killing poison, that the nicotine of tobacco stimulates the nerves of the involuntary nervous system, which in turn affects the heart, that it also affects the adrenal glands, increasing their action, causing a rise

in blood-pressure and constriction of the small tubules of the lungs, and that in the act of smoking the body is invaded by other constituent elements of the cigarette which cause local irritation of the mouth, throat and lungs. The United States Court of Appeal upheld the above contention of the Federal Commission in a proceeding against a manufacturer who sought to promote the sale of his brand of cigarettes by advertising that "it would not affect the nose or throat and accessory organs."

The Better Business Bureau of Kansas city has issued a bulletin containing full particulars about the cigarette evil. The National Better Business Bureau bulletin points out that nearly all cigarette advertisers have directly or indirectly conceded that cigarette smoke is irritating. *e.g.* "No other cigarette is less irritating or easier on the throat" etc. In the August 1953 issue of *Good Health* the practice of "False Cigarette Advertising" and the potential harm done thereby are very well discussed. In his brochure entitled '*Bronchogenic Carcinoma*' (Cancer of the Lungs) Dr. Alton Ochsner of New Orleans says "There is a distinct parallelism between the sale of cigarettes and the incidence of lung cancer ......Whereas it was infrequent forty years ago, it has now become one of the most frequent malignant lesions, met with in men. In the 10 years from 1938 to 1948, the number of deaths from lung cancer in the U. S. A. increased 144 per cent, from 6732 to 16,450." Dr. Ochsner predicts that because of the ever growing consumption of cigarettes, lung cancer will become more frequent than cancer in any other part of the body, unless something is done atonce to check this growing evil. This cannot be achieved except by cutting down the use of tobacco drastically.

A suggestion is made by the Editor of *The Family Doctor* (an official publication of the British Medical Association of London) to the effect that tobacco manufacturers finance a research to find out what constituents of tobacco cause lung cancer so that they can be removed. Dr. James, T. Case. M D., the talented Editor of *Good Health,* rightly criticises the above suggestion and says "The significant thing about this is that the responsibility of tobacco for lung cancer is taken for granted. This apparently reflects the judgement of the British Medical profession in general. Of course, the idea itself, behind the suggestion is impractical. The tobacco people are making large profits. They have a great deal to lose and nothing to gain by such a study".

We fully endorse the opinion expressed by Dr. Case; for when the cigarette and *beedi* manufacturers in India are making enormous profits by the sale of these poisonous products, which are insidiously undermining the health of the people and encouraging also juvenile smoking on a large scale, it is not possible except by specific and drastic legislation, to stop the manufacture and sale of these products and put an end to this growing menace. And the Central and States Governments in India, who have been vigorously enforcing

prohibition to check the evils brought on by alcoholic drinks, even at the sacrifice of several crores of rupees which they were getting by way of excise revenue, should realise the more insidious ravages that are being wrought by smoking, and promptly come forward with suitable legislative enactments to prevent juvenile smoking in the first instance and later on smoking as a whole by all people.

This would mean another sacrifice and loss of revenue, but a Welfare State which India seeks to become at no distant date, should not hesitate to tackle this menace without delay and before it assumes more serious proportions.

What Two Famous Doctors Said About It

Dr. John H. Kellogg M.D., L.L.D., F.A.C.S., Organizer of the Battle Creek system of Biologic Living, said "If any other enemy of human life were doing one tenth the damage that tobacco has been clearly responsible for. the Government would be organizing bands of experts to fight it. "The tobacco industry is the greatest killing organization in the world. The harm done by all the armies in the world combined, will not begin to equal the damage inflicted upon the human race by the combined activity of the cultivators, manufacturers and distributors of tobacco".

Dr. Raymond Pearl, the famous American biologist and statistician said "18,401 is the number in each 100,000 heavy smokers in our population whose lives will be sacrificed needlessly before they reach 50 years of age. Between the ages of thirty and thirtyfive, 4940 will die unnecessarily". Dr. Pearl found that a man who, at 30 is a heavy smoker has only 46 chances out of 100, to live to the age of 60, while the non-smoker has 66 chances to attain this age".—(*The Shield*, quoted by the *Good Health and Family Physician*, June 1953).

Man's Primary Duty

The very first thing for a man to realise is that the world does not owe him a living, It owes him nothing except for value received. And his first business in the world is to do something to help the world along and only in this way can he justify his existence and have a decent excuse for consuming food and oxygen.—(Dr. Frank Crane).

Human Conduct

" One of the difficulties in the world is not that we are lacking in adequate knowledge of what is good, but that we are not willing to live in conformity with that knowledge. The Ten Commandments find universal acceptance by all men. We do not however live by them. Somewhere in human nature, there is still a serious structural weakness. We do not do as well as we know what is good to do ".—(President Calvin Coolidge of U. S. A.

EARLY AMBULATION AFTER SURGICAL OPERATIONS AND CHILD-BIRTH

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EARLY rising out of bed and walking after surgical operations is now generally acknowledged to be sound practice.

It was in 1944, that a hundred Detroit surgeons saw the first motion picture showing "*early ambulation*" treatment after major abdominal operations. They watched patients climb stairs, do bending exercises, and leave the hospital, within a few days after the operation. Several copies of this film approved by the American College of Surgeons, have since been in circulation throughout the United States and in Canada.

In 1932, Henry Ford, the Great motor magnate of America, caused profound distress and dismay amongst the doctors at the "Ford Hospital" in Detroit when he insisted on being allowed to visit the closet a few hours after a major abdominal operation performed on him by two eminent surgeons assisted by several experts. The sixtynine year-old patient continued to got out of bed whenever he felt inclined so to do, throughout the ten days he stayed at the hospital. Yet he had an uneventful and smooth restoration to normal health inspite of such deliberate, wilful and unorthodox behaviour.

Today rising within a few hours, instead of days or weeks as was the custom previous to 1944, after abdominal operations and after child-birth is the main feature of the new convalescent care which the American Surgeons call "*Early Ambulation*."

Six years after the Henry Ford experiment Dr. D. J. Leithauser hurried to the St. Joseph's Mercy Hospital, late at night in response to a frantic telephone call from a frightened nurse to find that a patient whom he had operated upon that forenoon, was busily carrying water up and down the wards to other patients. The doctor remonstrated with him, explained the risk he was taking and told him that the operated wound may open and let his intestines fall out unless he got back to bed and rested.

"Sounds silly to me" said the patient "nothing like that can happen to me when I feel as well as I do." He slept comfortably that night without being annoyed by nausea or flatulence and pain in the stomach, that usually follow an appendix-removal operation. He was up early next morning asking for his breakfast. He said he felt very well, saw no sense in staying in hospital, got into his car and drove home. The next day he came back to do some shopping and to be seen by the

doctor. He worked in his garden on the following two days. On the fifth day after the operation, he again drove forty miles from his farm to the hospital for medical inspection. He was found to be in much better health and shape than other patients who were operated on the same day for appendicitis and who were still in bed.

The incident made Dr. Leithauser wonder, if there were any basically sound reasons why a patient should be compelled to rest in bed several days after an abdominal operation. He recalled that children who cannot be kept quiet, usually recover inspite of their activity, and that his son had jumped up and down in bed shortly after an appendix-removal-operation without any untoward effects.

He next experimented, not without considerable fear and trepidation, with getting a few patients out of bed on the first day after appendix removal. Their accelerated convalescence reassured him and soon he handled all appendicitis-cases in this manner, even allowing them to go home immediately after the operation, if they seemed all right. In 1941, he published eminently satisfactory results for 372 patients thus treated. He then applied the treatment to patients who had undergone other abdominal operations. These were found to do better than similar patients who were confined to bed. Their kidney functions returned quickly to normal and they did not require enemas and they required less than one half of the pain-relieving drugs usually administered. They ate and slept well and returned to work in less than half the calculated time. Nor was this all, they were all free from pneumonia which ordinarily would have endangered life in about ten per cent of such cases. Dr. Leithauser carried out the "Vital-capacity-test" and found that the normal breathing volume was regained in from two to seven days by the early risers, as against seven to fourteen days for late risers. Convalescence was very rapid in the early risers.

This procedure of *'early ambulation'* after operations for hernia, appendicitis, gall bladder diseases, and other abdominal conditions was soon followed by several other hospitals in the United States and other countries of North and South America and later in European countries too. Uniformly successful results have since been reported in several thousand abdominal operations in which the patients were allowed to be up and moving within 24 to 72 hours after operation.

The exigencies of the Second World War and the pressure for accommodation in maternity hospitals in England and other countries of Europe, favoured the extension of the procedure in lying-in-hospitals. Many cases in the London Hospitals were sent home two or three days after delivery, during the 1940–'41 London Blitz and no ill-effects were reported. The physicians were indeed greatly surprised to find that phlebitis and deaths from blood-clots dropped down considerably as a result of such early ambulation.

In a recent issue of the *American Journal of Digestive Disorders*, the benefits of early ambulation are forcibly brought out. Early walking after surgery stimulates

circulation and lessens the likelihood of subsequent complications. The mental effect is all important. Patients are less depressed and escape the monotomy of long bed rest. They are cheered by the fact that expenses are much reduced and absence from work much shortened. "Such an emotional state," says *Good Health*, U.S.A., Aug. 1953, "is recognised as having definite value in recuperation."

"Early ambulation" is not new to us in India, for it was the universal rule in Hindu obstetrics, till about 25 years ago and is still practised in rural areas. There is no doubt that owing to ignorance of the necessity for observing aseptic precautions, sepsis and consequent maternal mortality are higher in rural areas, but early ambulation is still the rule; and if adequate antiseptic and aseptic precautions are also taken, the maternal mortality and morbidity in rural areas will be considerably reduced.

In rural areas, the delivered woman is made to sit up for nursing the baby, and while taking food or drink and to walk to the bath room for answering calls of nature even from the very first day after child birth. This wholesome practice was given the go-by as being grandmothers' technique by our modern young ladies, acting under the advice of doctors, and nurses trained in the western system of medicine. This retrograde step has unfortunately brought in its train avoidable, physical, emotional and psychological upsets and disorders in the lives of our young mothers. The wholesale grafting of fashions and fads, customs and practices pertaining to an alien civilization, on to the ancient inherently sound, wholesome and healthy practices best suited to our culture and traditions, has been responsible for serious repercussions in the daily lives of our young men and women, particularly in matters relating to sex, maternity and child-rearing; but the materialistic West has begun to change radically in various directions—early ambulation is one such—and is slowly going back in many matters to more rational methods such as we practised with advantage in our grand mothers' days; these old folk knew better, thought better, did better and fared better all round. They maintained sturdy and robust health, and developed handsome and homely features with a buxomness and majesty intrinsically superb and natural with no necessity for paints, powders, or lipsticks to cover (or is it to cause ?) the unsightly freckles and pimples resulting from the socalled fashionable ways of modern life. Most of our young women of today lack the required powers of endurance and capacity to face life in all its bearings and aspects, though there are not tired of gossamer apparel and of self-adulation. With the altered conditions created by the hard-won Independence, we do hope that our young women will soon accept and adopt all that is good in our ancient practices, usages and customs.

An Overcrowded City

Eddie Cantor: "Los Angels is so crowded that the only way to get to the other side of the street is to be born there".—(*New Liberty*).

What to do When Child Meets with an Accident

—[STELLA McKAY]—

When young children play indoors, mothers have to be on the alert; for even when small objects are kept out of the reach of a toddler, he still finds something to put into his mouth, stuff up his nose or poke into his eyes or ears. Most young mothers get alarmed or panicky when such an accident occurs. They should know what to do in such emergencies.

1. *Swallowing a smooth foreign object*:—As the child will pass it down in most cases without any harm, discomfort or upset there is no need to worry. Do not stuff bread or plantain fruit into him to get the object down into the stomach. Don't give him a laxative either. It may do harm. Watch the child's bowel movements for a few days, and see if the foreign object comes out. If the child develops a stomachache, vomits or shows any symptoms of distress, a doctor should be consulted.

2. *Swallowing sharp objects*:—Feed the child with some thick pabulum, porridge, plantain fruit or bread immediately. Then contact your doctor, who will arrange for an X-ray to be taken immediately. In fact, more than one X-ray examination may be needed to enable the doctor to follow the course of the object along the intestines. The common pin tends to travel "head first" through the intestines, when it rarely does any harm. Sometimes it may get lodged in the appendix, necessitating its removal by an operation. An open safety pin is likely to give more trouble but a needle causes the most harm of all.

3. *Foreign body into the nose*:—Do not try to "pick out" a smooth round object like a bead, from the child's nose, because you will only be pushing it further in. You may be able to get at something soft, like paper, with your fingers or forceps, if it hasn't been pushed too far into the nostril. Get the child to blow his nose hard, holding the unblocked side, if he is old enough to "blow out" and not "sniff in". If this does not succeed consult the doctor promptly and have the offender out.

4. *Foreign body in the eye*:—Make the child sit in front of you facing a good light Then pull the lower lid down and have the child rotate his eye slowly, in all directions. If the object is visible, gently remove it with a soft clean handkerchief. If it is under the upper lid, then grasp the eyelashes and pull the lid down over the lower lid so that the bottom lashes may sweep the speck out. If this doesn't help, then evert the lid with a match stick or a fingertip placed on the top. If you spot the speck, wipe it off gently with the corner of a clean soft handkerchief. If this does not succeed take the child to a doctor.

5. *Swallowing poisonous objects*:—Do not waste even a

single minute in trying to find a suitable antidote. The important thing is to get him to vomit as soon as possible, and then, administer the proper antidote if handy.

The simplest and quickest way to get a child to vomit is to run your forefinger along the roof of his mouth in a jerky manner, and down his throat. Keep tickling his throat for a few seconds with your forefinger, until he starts to vomit. If this fails, give him an emetic to drink—a glass of cool water with either a teaspoon of mustard or 2 to 3 teaspoonfuls of common salt, or enough soap in solution to form suds. If you use soap, remove the suds on top.

After he has vomited once give him the antidote if available. Otherwise, give him more water or milk to drink and repeat the emetic. If a doctor is not available by this time, rush the child to the nearest hospital.

In cases where you cannot get a doctor or cannot rush the patient to a hospital, force the child to drink more water or milk and keep repeating the emetic until his stomach is cleared of the poison. If the swallowed poison happens to be "sleeping pills" keep him awake and give him tea or coffee to drink (after he has been made to vomit). In all cases, the important thing is to get the child to vomit, at least once, even before you contact a doctor.

6. *Choking of throat by foreign body* :—A piece of meat or other hard bolus of food or cake may cause a young child to choke when prompt relief will be necessary. If he's small enough, hold him upside down by his ankles, and give him a few sharp slaps on the back of his chest. Otherwise, put him over your knee, head down, on his stomach, and slap him quite hard between the shoulders. If this doesn't give him relief put your finger in the back of his throat to make him vomit, and so cough the object out, being careful you don't push the article further-in. If the child keeps on choking and begins to turn blue, rush him to the nearest doctor, or hospital immediately. Where possible, inform the hospital by telephone that you are bringing an emergency case.

7. *Accident by falling* :—If the child falls or bangs his head and stops crying within 15 minutes and does not vomit or lose his colour, the chances are that he is none the worse for the experience. But if the fall is severe and the child vomits or is pale for several hours, or loses his appetite, or shows signs of headache or faulty vision, or is drowsy and falls asleep easily, he should be seen by a doctor who will have the child X-rayed. Keep the child in bed for two or three days and waken him during the first night a couple of times to make certain that he is conscious. If the child is still feeling any of the above symptoms the next day, consult your doctor again. If a child loses consciousness right after a fall or later, he should immediately be hospitalized.—(Condensed. *Copyright N.N.F*).

If you tell the truth, you don't have to remember anything.—Mark Twain.

HARELIP AND CLEFT PALATE

Lt. Col. G. CLARKE, M.C., M.R.C.S. (Eng.),
Masab Talab, Hyderabad (Deccan).

The last time Mrs. R called she was most excited at the prospect of becoming a grandmother, this morning she was obviously distressed.

"Its a terrible tragedy doctor", "she said. "My daughter had her baby a month ago—a little girl—but the awful part is that she was born with a harelip. I hardly dare think what my daughter must be going through."

I sympathised with her. Mrs. R had seen scores of cases of harelip, but it had never occurred to her that such a thing could happen in her own family. I assured her that a great deal could be done nowadays to put matters right.

"You mean by operation ?", she asked.

"The results are wonderful", I said and told her about some cases that I had seen operated on, where afterwards no trace of the trouble remained.

"Its so awful to think of a mite having an operation. Isn't it dangerous ? Will it have to be done early ?

"The earlier the better", I said. "The parts come together more easily. The baby will certainly thank you for it when she grows up. I know of a case where a baby had a harelip and cleft palate too. His lips were split wide open and joined into his nose. It was operated on when the baby was two years old, and yet today there's hardly any trace of the trouble. Three operations were necessary to build up the parts properly, but just think of the psychological effects the disfigurement would have on a child, if the parents neglect to have them dealt with in time.

Adults can be operated on for harelip and cleft palate, too, but the older the patient the less the chance there is of its being completely successful–the scars remain more noticeable.

Harelip is an accident during the development of the embryo. The condition is called 'Harelip' simply because the "Y" shaped cleft gives an appearance which is similar to the cuts on the mouth of a rabbit—a hare— ; or at least some people imagine the likeliness.

As for how it comes about, it's sufficient to say that for some reason or other, the divisions of the lip fail to join up when the embryo is forming. The upper lip develops in three pieces, two side pieces and a central strip. Normally these fuse long before the baby is born. You can see where they join on your own lip, if you feel the two raised lines on either side of the depression in the middle line of the upper lip, the top of the "Cupid's bow".

As a rule, each side of the face forms separately and both come together and join up about the 9th week of life inside the womb. If, for any reason they do not, a harelip or cleft palate, or both will result. Harelip is not hereditary though at one time people

believed it was. We now know that it is just one of nature's accidents.

Cleft palate usually goes with harelip. It is a defect in the roof of the mouth, where the bony parts entering into its formation fail to unite in the middle line, thus allowing an abnormal communication to exist between the mouth and the nasal air passages which lie just above it.

In such cases the power of sucking is defective and as the child grows up articulation becomes difficult, and the sense of taste and smell are much diminished. The baby is liable to catch cold easily on account of the exposed nasal air ways.

In cleft palate it is usual to delay the operation until the parts become strong enough to allow the surgeon to handle them freely, generally about the 2nd or at the latest in the 3rd year.

The operation needs delicate manipulation of soft parts in a limited space, but it is remarkable how nature makes up for her mistakes by smoothing out the disturbed parts, healing up the surgeon's work, and leaving a very few traces behind!

The General Practitioner—The Family Doctor

General practice, no less than the specialities, needs a leavening of exceptionally able men and women.......Prompt and accurate diagnosis is the foundation of successful general practice. The function of the family doctor is to understand the health problems of his patients and to recognize early the nature of their troubles. This is a large order, for his patients are unselected. They come to him with complaints that may be trivial or serious, obvious or obscure, real or imagined, simple or complicated. He must sort them out. In doing so, he recognizes those needing immediate treatment from those requiring more observation and study. He decides whether he can treat the patient himself or if help is necessary. Frequently, this latter decision bears little relationship to the seriousness of the condition. He may be able to care for the most serious as well as any one else. The first diagnosis is often the most important. Making this correctly...... is not.....easy......but it steadily is being made easier through the many aids and facilities being placed at the disposal of the family doctor by modern scientific discoveries and inventions.—(*Univ. W. Ont. Med. Jour.*, March 1953).

The Test of Professional Service

The test of all honourable professional service is one and the same. It behoves us all to remember that, though the particular case may rouse little professional interest still the duty to attend to it with all one's energy of mind remains. Alike for the lawyer and the doctor (in fact for any professional man) we may sum up the rule for our professional life in Charles Kingsleys' well known jingle:

"Do the work that's nearest,
Though it's dull at whiles,
Helping, when you meet them,
Lame dogs over stiles".

—(Viscount Simon reported in *Br. Med. Jour.*, 4-7-1953).

Effective House Isolation of Patients Suffering from Communicable Diseases

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COMMUNICABLE diseases are transmitted by direct or indirect contact. Direct contact is close association with the patient and his discharges. Indirect contact is contact with the articles used by the patient and soiled by his excreta. A healthy person gets the infection from the sick by : (1) Inhalation ; (2) Ingestion ; (3) Inoculation and through (4) Carriers.

I. Inhalation.—Air polluted with infected material conveys droplet infection from the mouth and nose. Smallpox is airborne. Most pathogenic bacteria are destroyed by exposure to sun but the musty air of an illventilated room harbouring pathogenic bacteria, will spread infection. Sneezing, coughing and loud speaking cause sprays into the air of tiny droplets containing the germs of disease in many cases. Infection is thus conveyed from the sick to the healthy.

II. Ingestion.–Some infectious diseases are carried from the sick to the healthy by means of food, water and other eatables. These may flare up into huge big epidemics, if not controlled in time.

III. Inoculation.—Vaccinia, anthrax, and syphilis are diseases which are conveyed from the sick to the healthy by inoculation; also in malaria, yellow fever, the germs are inoculated into the skin of the healthy by certain insects.

IV. Carriers.—Persons who have suffered from an infectious disease but get cured, often harbour for a long time, the offending organisms in their guts. They are called carriers ; they do not actually suffer, but continue to pass these organisms in their excreta. In the control of any communicable disease, the carriers being important reservoirs of the infection, should be effectively dealt with.

Prevention and control.—The control of infectious diseases should deal with :—(1) the source of infection ; (2) the contacts ; (3) the vector if any ; and (4) the route of infection.

If the source of infection is not of any great monetary value it can be destroyed by incineration ; otherwise isolation and quarantine should be considered.

Isolation.—The isolation should last during the whole period of infectivity and may be terminated only on the results of a negative bacteriological examination.

Isolation of the patient may be effected at home or if economic and other conditions do not permit the patient has to be immediately shifted to an isolation camp.

At home, he should be placed in a room which is *not* frequented by other members of the family

and which is provided with a full time attendant who is different from the person who prepares or handles food in the house. Such attendant should receive prophylactic inoculations beforehand.

The isolation room should be airy, well-ventilated and well-lighted but screened. There should not be any unnecessary furniture in the room. One small table should be placed near the patient's bed and covered with oil cloth.

Precautionary measures.—All objects used and soiled by the patient should be stored in a closed bin and periodically well washed, cleaned and sterilised properly. A basin of disinfectant lotion should be kept ready for washing the hands of the attendants.

The utensils used by the patient should be received in a basin containing soapsuds and boiled for 15 minutes or dipped in a disinfectant solution before re-use. The floor should be cleaned and mopped daily by a wet swab soaked in a pleasantly flavoured but efficient disinfectant lotion.

The attendant should be scrupulously careful in his attentions to the patient and take particular precautions not to infect himself by indiscreet and reckless habits, such as eating without previously washing his hands thoroughly, licking stamps, pencils, scratching his face, eyes etc. after handling the patient, keeping his face too near the patient's while the latter is coughing and sneezing etc. Children should on no account be allowed to enter or play in the patient's room. The use of aprons and masks by the attendant is quite a good and healthy procedure provided it can be practised in our homes.

Prompt destruction of all infected and infective materials used by the patient is most essential; this is what is known as concurrent disinfection.

The success of isolation in reducing the prevalence of the infection will be inversely proportional to the number of unrecognised cases at large. If the number of unrecognised cases is large, isolation of known cases will accomplish little or nothing in checking an epidemic, though it arrests the development of secondary cases in the patient's house.

Quarantine.—This is effected usually in the case of contacts with the patient; the period of quarantine will depend upon the incubation period of the particular infection. If a person under quarantine, develops the infection, he should be promptly isolated from the rest of the contacts undergoing quarantine.

If these precautions are strictly observed when an epidemic is prevailing, the spread of the infection can be promptly checked and undue loss of life prevented.

If a single (unmarried) girl is pregnant, is this a misconception?—(AEV in *J.A.M.A.*, 25-7-'53).

No man has a good enough memory to be a successful liar.

—Abraham Lincoln.

SPECTACLES AND THEIR ORIGIN

Roger Bacon is usually held to be the inventor of spectacles, although there is some evidence that they were in use in China before he described the magnifying properties of segments of spheres in 1276 A.D. On the other hand Trevor–Roper writing in *Medicine Illustrated*, July 1952, suggests that spectacles may have been introduced into China by Portugese sailors. However, as glassware was known to the Egyptians and Romans it is not unlikely that magnifying glasses were used long before this date.

The title of '*inventor*' has also been given, improbably, to St. Jerome and with more reason, to the Italian, Salvino d'Armato. During the 14th century, the wearing of spectacles became fashionable as it was thought that they added elegance, prestige and distinction to the wearer. In France they were used not only to correct presbyopia (defective vision in the aged people due to diminished power in the lens of the eye, what is known as *Vellezhuthu* in Tamil) but also to hide blemishes in the eyes.

At the time of the advent of spectacles, the heavy lettering of the mediaeval manuscript was giving place to the small type of printed books. At first, spectacles were sold as a side-line by general merchants, the buyer (as it is even to-day in many cases) taking the pair that best suited him. The test lenses used by the modern eye-doctors did not come into existence till 1843 and only later in the 19th century was the standard dioptre (the method of testing for refractive power of a lens) accepted for use. The cylindrical lens for the relief of astigmatism (blurred vision) was designed by Airy in 1827; in the same year the making of contact lenses was tried by Herschel. The rarely adopted *prismatic* lens was used by von Graefe in 1857 and by Donders in 1847. The frame was first of bone, and later of metal, and was furnished with either a nose-piece or a stick (lorgnette is a pair of eyeglasses mounted on a long handle). The curved bridge was in use by 1500 A.D., and to keep the frame on the face (before the ear-rail was introduced in the eighteenth century) aids such as tape springs attached to the hair or wig and head-bands were used. In England leather rims were in vogue in the 16th century, horn rims at the time of William and Mary, and tortoise-shell during the reign of George III.

Spectacles are not rare as collector's items, and in London representative collections may be seen at the Wellcome Historical Medical Museum, the British Museum and the Western Ophthalmic Hospital.—(Marmion T. in *Abst. World. Med.*, *13* : 1, 1953).

"Marriage is a sacred relationship which demands the highest type of personality and constancy in the couple."

Indigenous Physical Exercises of India

(DAND and BAITHAK)

KRISHNA KUMAR GUPTA, M.A., L.LB.,
5, Chahchand, Allahabad.

ALL of us love to be healthy and goodlooking; and so, some physical exercise should be taken regularly every day.

The practices of *yoga*, *surya namaskar*, the *dand* and *baithak* are Indian exercises of proved merit. Yoga practice is something more than a mere physical exercise, while the second is somewhat difficult for routine daily use by every one. *Dand* and *baithak* are exclusively physical exercises. They were once the hot favourites of millions of our countrymen, being natural and easy of daily routine practice.

They are still very popular among wrestlers and also in the lower middle classes. The advent of the western systems of physical exercises utilising the so-called scientific aids has relegated our time honoured physical exercises to oblivion. This is indeed to be deplored.

No special apparatus or aid whatsoever is required for *dand* and *baithak*. At the most two bricks may be needed to practise *dhand* which gives sound exercise to all parts of the body. You can take these exercises at home, in the garden, in any open space and in fact wherever you happen to be at the time. A clean, airy and well-ventilated place, is of course to be preferred.

These essentially indigenous exercises found favour with several foreigners who have taken to them kindly and reported very favourably on them. Thus for instance, George Constantine of Roumania preferred these to other western exercises. Alexandar Christine of Russia learnt them during his tour in India. Thanks to these exercises he takes an elephant weighing three and a half tons on his chest successfully. "These exercises take", he says, "only six months to build your physique, whereas the other western ways take as much as three years". Here then is wonderful testimony from the occident, about the superior value of Indian indigenous exercises.

Wrestling, one of our most famous games, is based on *dand* and *baithak*. A regular practice of these exercises, made our Indian athletes and wrestlers popular and well known over the whole world. *Dand* and *baithak* are generally useful but especially so for young men and grown-up persons.

Dand and *baithak* are not ends in themselves; but are only means to an end which consist in physical power, general resistance, agility, and well proportioned form and appearance. No exercise can be considered good or suitable if it does not make the exerciser attractive and good-looking.

As in all good things, some dont's must be observed in taking these exercises :—

1. If you indulge in taking too much of them, they can produce weariness and fatigue. Stop when you feel that all the muscles have had full play, just as you would stop eating when the stomach is full.

2. *Dand* or *baithak* is not suitable for adolescents, as their bodies are still tender, and will not permit the taking of such hard and wearying exercises. They might even retard normal development.

3. Don't *begin* these exercises in the summer months. The appropriate time to begin is winter (October to March). Even after you have started taking them, it would be to your advantage to decrease the tempo, during summer months, so as to avoid exhaustion and fatigue.

May I not hope therefore, that my Indian brethren will revert to the indigenous *dand* and *baithak* which cost us little or nothing, instead of wasting precious time over the western aids to health, which cost us money and do not yield such good and quick returns in the shape of robust health *and* shapeliness of form ?

Smoking and Heart Disease

A correlation between heart disease and heavy smoking of cigarettes is reported in *Angiology* by Dolgoff *et al.* The incidence of heart disease among heavy cigarette smokers was computed by them to be half as much again as among those who smoked less than 10 cigarettes a day, or none at all. They found a relative low average age, less than 50 years, among heavy cigarette smokers with heart disease.—(*Herald of Health*, Oct. 1953).

Mother

1. My infant head she cradled on her breast
And there soothed every childish fear to rest,
Each moment with her tender love was blest
Her precious name ? Why, yes, of course 'tis Mother.

2. With patient care she watched from day to day
And kept my feet lest they should go astray ;
She taught me how to love the better way
And all because she loved me so, my mother.

3. She succoured me in fretful hours of pain
Till treasured health and strength were mine again ;
She guided me in sunshine and through rain,
Her heart loved so unselfishly, my mother.

4. And now these happy early years are o'er,
And I alone must lead life's path before,
Her thought for me I treasure more and more,
For all she is and does, I love my mother.

(G. Yeates in *Good Health*, London Aug. 1953).

HOW TO LEAD A FULL AND SATISFYING LIFE

VALLABHDAS N. MEHTA, L.M. & S.,
Morvi (Saurashtra).

To be able to live happily, one should be in robust health and observe the rules relating to a healthy hygienic mode of living. Life consists of work, play and rest in adequate amounts to the average person who seeks to live a full satisfying and healthful life. Every one should therefore be familiar with the principal guiding factors that make for a full life.

Health insurance ranks first in this category. By health insurance I mean, not life insurance, but insuring that we observe all sound laws and principles for maintaining our health in our day to day living. Thus for instance, we should keep regular hours for going to and getting out of bed. Early rising should be practised, even by those who have been in the habit of rising late in the mornings. It may be a bit irksome to begin with but will soon become a regular habit. We should take simple, digestible and nourishing food. Two good meals a day with a light tiffin will be ample for maintaining good health. Our digestion will be good, we will sleep better and we can work very actively and well in the day. We will have a sweet temper and an amiable disposition. We should have no mental worry or anxiety during meal time as our digestion will be ruined otherwise. Simplicity in everything, food, dress, and social habits and customs, should be our guiding principle. When we get to bed, we should do so with a light heart and a cheerful disposition free from cares and worries which prevent sleep and rest. If you are troubled and have worries hang them in your trouser pockets on the rack before you go to bed.

Physical well being prevents nervous excitements and worries. Systematised habits of life, moderation in everything and living as much as possible in the open air, conduce to physical well-being.

We should not give way to emotional upsets. Self-control and self-reliance are necessary for healthy living. Mental poise and serenity of thought should be practised and it should be our constant endeavour to achieve the goal of eternal bliss in the ripeness of age with the satisfaction of having led a full life of health and of usefulness to our fellow men.

(1) Natures' price for health is regularity. You cannot safely bottle up sleep tonight for tomorrow nights' use, or force your stomach at one meal because you expect to eat sparingly at the next.

(2) Worry, anxiety jealousy, malice, hatred, hot temper, selfishness, dishonesty, perversion of moral integrity, in short, every disturbing or abnormal thought, emotion or expression, tends to

destroy that perfect equilibrium of the faculties and functions which is called health.

(3) No one thing contributes more than another to health or success. Man has a strong and vigorous will which is a perpetual health tonic, physically and mentally. It braces the system enabling it to endure hardships and disappointments and to resist disease.

(4) The care and preservation of health is a moral duty, and must be ranked among the cardinal virtues which are essential to our well-being.

Don't Trifle with Penicillin

It is usual for some doctors to inject penicillin into patients whom they are treating for a common cold. That it has no power to destroy the viruses which cause this cold is very definitely established now. Why some doctors still use it, is because they imagine it will *prevent* complications. There is perhaps also the psychological factor. Laymen would not be likely to know this fact about penicillin. They honestly believe that penicillin is a good remedy and have a sense of security when it is administered to them. Sir Alexander Fleming the discoverer of penicillin says that this procedure is very unwise. He gave this opinion recently when on a visit to New York. He said that frequent dosing with the drug made about ten per cent of the population sensitive to it. When they had a disease in which it would be really helpful it could not be given because the reaction was worse than the disease. One theory is that the organisms succumb to penicillin at first, but after frequent exposures become resistant to penicillin. Fleming does not however, agree with this. He considers that the difficulty is far more likely to exist in the patient than in the bacteria. He insists strongly that penicillin should be given *only in serious infections* and not in all minor ailments.—(*Good Health*, U.S.A., *88* : 8. 1953).

Regimented Existence of Man

The tragedy of regimented man, even, perhaps above all, of well-regimented man, is that so much which is most profound and inherently human is incompatible with the regimented existence. The most successful planned societies are to be found among the insects.

Man to be man, must be free and responsible, responsible not only for himself, but also for others whose bracing dependence on him provides one of the most stimulating aspects of his experience. The span of his consciousness must be broad and deep enough to enable him to know and recognize himself as he is, to be aware of and to foster his own spirituality, to see himself as a forceful and vigorous character in an external drama rather than to pose pitifully and irresponsibly before his own eyes as the helpless victim of a process, as a mere cog in a vast piece of machinery, as a shouting drop in an ocean of tumultuous cheering, as one tiny throb of anger in some hysterical mass protest.—(Quoted by *Mental Health* : Spring, 1953 from the *Retreat C. M. W.*, 1953).

MODERN VIEWS On INFANT FEEDING

Condensed by
Mrs. SHANTHI DEVI KRISHNAN,
Basavangudi, Bangalore-4.

INFANT feeding has been a problem of some magnitude in all countries of the world today partly as a result of the changed conditions of modern life and partly because of the economic and other adverse factors. Breast-feeding which was the universal practice in our country some fifty years ago has insidiously given place in many instances to controlled *and timed* bottle or hand-feeding. Controlled instead of self-demand feeding is getting more rampant in the western countries and Dr. G. Wickes, M.D., M.R.C.P., D C.H., Pædiatrician, of the North Middlesex and South-East Essex Group of hospitals discusses the "Modern Views on Infant feeding" in the *Medical Press* of July the 1st 1953.

Says he "In Great Britain to-day about one-half of the babies are bottle-fed by the time they are three months old, and many receive virtually no breast-milk at all; so mankind is rapidly becoming parasitic on the cow. The incidence of breast-feeding is declining and this has stimulated a great volume of research into the causes of failing lactation."

Recently the Royal College of Obstetricians and Gynæcologists (1948) found that of all the factors investigated by them (social, economic, medical, etc.) regular attendance at an antenatal clinic seemed to be the most important for the promotion of successful lactation. Miller (1952) showed that toxæmia of pregnancy, prematurity, cæsarean or forceps delivery breast engorgement, mastitis and nipple troubles, each accounted for only a very small proportion of those women who fail to feed their babies. Many attribute the decline to the modern life! Perhaps rightly too.

Inherited factors may be paramount, but no adequate investigations have been conducted to settle the point. The mother is blamed for not wanting, or not trying, to feed the baby. Although this is undoubtedly true in many cases, most of these women are genuinely disappointed in themselves, and are hurt by the comments of their medical advisers. They would be helped by the discovery of potent hormones which increase the supply of breast-milk. Perhaps these will some day be available. Until then however, the best service that can be done for breast feeding is to complement it with the bottle, if the infant shows signs of being hungry. The worst way to advertise breast feeding is to persevere with it alone in the face of obvious deficiency; when the baby is finally put on the bottle, the improvement in his well-being detracts considerably from the slogan that "Breast is Best."

On the other hand, there is a tendency amongst practitioners to take the baby off the breast at the first undiagnosed symptom. It is fairly common to see babies with stomach troubles weaned from the breast and tried on different brands of dried milk before the correct diagnosis was made. And it is not uncommon to see a mother who is frantically endeavouring to dry up her milk by means of tablets her doctor has prescribed, at the same time seeking advice about what to give her baby *instead of the breast!* It is still commonly thought that breast and cow's milk will not mix !

Breast feeding, when successful, is a most satisfactory natural process, but, unfortunately, many mothers today consider it an ordeal! One ounce of breast or cow's milk is roughly equivalent to 20 calories. The average younger baby grows faster and needs more food to do so, whereas the older babies need relatively less. In other words, in the first two months of life (after the birth-weight has been regained) babies have a greater potentiality for growth than at any other time, and this has been called the "stoking-up period". At this time they may require to gain anything up to 16 ounces per week and to do so they may need 75 cals. per lb. of body-weight or more. Thus, at four weeks the baby may need 3½ ounces per lb. and at twelve weeks only 2 ounces per lb. On the breast, when the supply is not limited, a baby will take nearly as much milk in early infancy as later on. Self-demand feeding is, of course, as old as the hills, but the artificial mechanisation of modern medicine has, until recently banned the natural method !

There is nothing inherently dangerous or wrong in allowing an infant to feed to repletion, and anyone who has tried to force a baby to take a feed against its will should know how unlikely it is to come to grief. Yet in spite of the fact that Aldrich and others have demonstrated the great safety and satisfaction of this method, there are many who still advocate the regular provision of regulated quantities for all young babies.

In the case of the breast-fed baby, self-demand feeding offers most to those whose mothers are marginal lactaters. The additional suckling, which may amount to twelve or more times daily in the early weeks, stimulates the breasts to produce more milk. The satisfied infant therefore cries less, and thus contributes to his mother's peace of mind, and hence indirectly assists lactation. On the other hand for those mothers who have plenty of milk or for those babies who are easily satisfied, four daily feeds will be sufficient, whereas orthodox regimes would provide at least five, if not more. In the case of the baby whose feeds are being complemented with the bottle, self-demand methods perhaps show their greatest value; to ensure adequacy, sufficient milk should be put in the bottle so that some remains at the end of each feed. Lastly, even for the entirely bottlefed baby, self-regulated feeding assures adequacy in the early weeks when the recommended quantities on the time are most inadequate.

One criticism has been that in the neonatal period frequent

suckling will lead to sore and cracked nipples, but by a carefully planned investigation, Illingworth and Stone (1952) have proved that the reverse is true. Evidently, it is the voraciously hungry baby who has been held down to a rigid three or four-hourly schedule who injures his mother's nipples and allows her breast to become dangerously engorged. The incidence of sore nipples and overdistention in the self-demand group of the new-born babies was one-half that in the controls and, furthermore the incidence of breast-feeding and the initial rate of gain was higher in the former group. Next comes overfeeding,

Feeding problems.—The prevalence of hypogalactia (poor or no secretion of milk), the failure to recognise the "stoking-up period," the rigidity of feeding methods and the fear of overfeeding, all lead, from the infant's standpoint, to under-feeding, particularly in the early weeks. Indeed, in the first three months of life this is by far the commonest cause of feeding difficulties. Unfortunately, the preconceived notions in the minds of nurses and doctors, and sometimes even of mothers, blind them to the obvious. Thus it is common to hear that a hungry baby "must be having enough" simply because he is being offered the calculated quantity, or to learn that a ravenous baby is being given gripe water for the wind or colic. Sometimes these hungry babies vomit, which leads to a diagnosis of overfeeding or intolerance to a particular kind of milk, so the feeds are weakened and reduced, thus aggravating the symptoms still further. Even to-day, one occasionally sees babies bordering on the marasmic who have been systematically and unnecessarily *starved on medical advice*; with unrestricted feeds one has seen such babies gain as much as 5 ounces daily until they have "caught up".

The role of overfeeding requires to be assessed anew. There are two aspects of overfeeding, the quantitative and the qualitative. In the former case, the baby takes more milk than he can contain and vomits the excess. This is usually an isolated event which used to be considered a good omen, indicative of a vigorous baby receiving a plentiful supply. Very rarely the vomiting is persistent, but the effect is annoying rather than dangerous and no case with a fatal outcome has ever been recorded.

The picture with regard to qualitative overfeeding, however is different. Last century, young babies were stuffed with starch until they died and although this practice no longer obtains, the word "overfeeding" still gives rise to the same gloomy prognostications and the diagnosis is still frequently, and almost always incorrectly, made. Now that artificial feeding has been standardised with the advent of national dried milk, the occurrence of qualitative overfeeding is increasingly rare. The days are rapidly disappearing when the pædiatrician gazed at the infants' stools and deduced therefrom the existence of fat, carbohydrate or protein dyspepsia, and the elaborate formulæ, complicated graduations

and rigid instructions are rapidly falling into disrepute. Professor Vinning writes with authority on the false complications of the past and looks forward to better times ahead for the hungry baby when the lesson has been learned that infantile dyspepsia, *i.e.* colic, wind, posseting, screaming, abnormal stools and failure to gain weight, is chiefly due to under-feeding, caused by a fear of over-feeding.

It is true that crying leads to ærophagy (swallowing air) but is it true that wind leads to crying ? Gripe water, though almost universally administered, is seldom effective, but Levine and Bell have shown that many are quietened by the dummy. One of the many theoretical objections to this household remedy is that ærophagy is encouraged by its use, yet these restless but satisfied babies are often pacified by one ! More work is needed here, as also to study the causes of vomiting of unknown origin. In particular, the role of intermittent protrusion of part of the stomach into the gullet, hiatus hernia must be asessed, for it now seems likely that this condition is frequently responsible for persistent vomiting in infancy, hitherto attributed to dyspepsia or overfeeding.

Conclusion.—*Simplicity is the keynote of modern infant feeding.* In general, it is merely enough to ensure that the young baby is offered as much breast-milk as he requires. In this way his growth will be optimal for the fulfilment of his physical potentiality, for mental tranquility, and for the avoidance of the usual cause of feeding difficulties.

As in other medical fields, the value of the natural method is being realised anew, but it is worth recalling that, by some at least, it was never forgotten, for Sainte-Marthe wrote the following as long ago as 1584 :—

And I, for suckling, no fix'd hour prescribe ;
This Nature teaches best the nursing tribe ;
Let her hour mistress be ; and when, with cries
The hungry child demands his due supplies ;
Forbear not you the wish'd relief to bring,
But, for his use, unlock the sacred spring ;
Nor then be loath your snowy breast to bare,
That he may suck, and streaming fragrance share.—(From the *Medical Press*, 1-7-1953).

Reading in Bed

It does no harm to read in the lying position on a bed. It is a pleasant habit. But the light must be adequate for reading and should flow on to the surface of the book; and we must be properly propped up on pillows, in a comfortable position. From the point of view of relaxation and mental poise, the books you read in bed should be light reading. Exciting novels and detective stories, unless you can be sure of finishing them before ten p.m., should be avoided.—(*Family Doctor*, London).

Proctologist (Doctor of rectal and anal diseases)

The reason proctologists do not like literature is " Because to books there is no end !".—*J.A.M.*A. 18–7–'53)

IN THE DAYS OF THY YOUTH

FROM the flood of articles in the medical and lay press on old age it might almost be thought this period of life had only recently been discovered! The American Geriatrics Society was formed over ten years ago. In 1950, it had only 140 members. In a year the number had increased to 1,500. The organization has now established a journal. In the initial issue, the editor, Dr. Willard O. Thompson, computes that by 1975, this country will have about 20,000,000 persons, sixty-five years old or older. The medical and economic care of this multitude will pose many serious problems. It is important that there be intensive study now of the causes of sickness and disability of the elderly. A significant fact is that while the life expectancy of the population as a whole has increased markedly in the present century, that of the aged has grown very little.

Why have not those in their seventies and eighties benefited more from the advances of medical science? They have had the advantage of the antibiotics and other new drugs and of improved methods of surgery. The answer would seem to be that our living habits have in a measure counterbalanced the influence favourable to long life. Hence it would seem the geriatricians could well busy themselves with the practices which are known to be responsible in part for the circulatory diseases, diabetes and other maladies which afflict the aged. In other words, the general practitioner should warn his patients in their middle life, or even younger years, that they can do much to lessen the illness and weaknesses which come with the passing decades.

In fact, the emphasis which is now placed in geriatrics may give the wrong impression that when people reach sixty-five they present a new medical picture. Of course, as they grow old they suffer from the progress of conditions which had their origin in earlier years.

Their resistance, is also lowered. Much can be done for them by geriatrics. But far more could have been done by a recognition in younger years of the wisdom of cultivating living habits which conduce to a healthy old age. Mental preparation for the years ahead is now recommended. Retirement at sixty-five (in India it is 55!) often proves a health hazard unless there is some hobby for occupation to engage the interests and fill the hours. Some big corporations are instructing workers in their early sixties how to plan their lives properly when they quit their job.

[*Note*:—Most of our old men in India who are compelled by regulations, to retire at 55, find retirement to be a great ordeal full of privations and mental uneasiness—because they do not learn, while still in active service, and cultivate some hobby which would stand them in good stead in retirement. It is therefore, imperative that we should

'all cultivate some hobby or occupation to engage our interest, fill our hours in retirement and bring in a small supplement to our reduced income.—ED. *Health*]

Happiness and Health

It is well known that misfortune, grief and worry may result in illness. An enlightening study on this subject was made by Dr. Hinkle. and his associates, of the New York University—Cornell Medical Centre in New York; their findings were reported at a meeting of the American Federation for clinical research at Atlantic city. For subjects they had a large number of telephone operators. These offer an excellent field since they are of the same sex, begin work at about the same age, have the same employment and come from about the same strata of society. They had to be in good health to secure jobs. Furthermore, accurate accounts were kept of their absences from work due to sickness. Records were searched for periods as long as thirty-five years.

The conclusion was reached that those who had most misfortunes were most susceptible to illness, breakdowns and even accidents. Two-thirds of the attacks of sickness occurred in 37·8 per cent of the women. Those who had been divorced or were widows with children had the greatest morbidity rate. The healthiest were single women who never had the desire to marry and who had no family responsibilities. They had more feeling of security and escaped the extra household labours which fall to the wife-mother. The question might be raised whether the joys of marriage and motherhood make up for the risks involved. Probably most of those who married, even if ill-fortune afterwards overtook them, would probably answer in the affirmative.—(*Good Health*, *88*: 8, 1953).

Physicians

Should be :—

P rogressive—up to date, abreast of the times, in medicine and in cure- responsibility.

H umane—truly sensitive to the needs of their patients and to their colleagues.

Y ielding—not to pressure-groups but to their better impulses.

S teeped—in the traditions and the glories of the ancient healing art, to stimulate and inspire them to better things.

I ndividuals—unique personalities in the community but not reactionary non-conformists.

C onsiderate—of the welfare of the people they serve as well as the profession they represent.

I ndependent—but cooperative

A gainst—all those measures that would debase the quality of medical care.

N ice—in the fullest sense of the word, with high professional and normal standards.

S killed—"ignorance of the law is no excuse" before the bar of justice, nor should ignorance of common medical knowledge be condoned.

—C.B.R. in *Bull. Dav. County*, —*Med. Socy. & J.A.M.A.*, 18-7-'53.

Appetite—Where Does It Originate?

Appetite, on account of its complex nature and vague localization, is a more difficult sensation to define: some persons refer it to the pharynx or oesophagus, others to the stomach. It is probably to a large degree acquired rather than inborn like the hunger sensation. That is to say it is dependent upon previous experience and conditional stimuli enter largely into its causation. A new born baby experiences hunger but probably not appetite. Nevertheless, it appears that there is also a purely gastric element in the production of appetite. For example, alcohol, by stimulating the gastric mucous membrane causes a sensation of warmth within the stomach, raises gastric tone and arouses appetite. According to Carlson, hydrochloric acid does likewise and the flow of gastric juice induced by the taste of food may well serve the purpose of augmenting the appetite in the initial stage of digestion. It is well known that appetite is often greatly increased after the first few mouthfuls have entered the stomach and though the effect produced by the taste of food is difficult to exclude, the fact points to a gastric element in the causation of appetite.—(*The Physiological basis of medical practice* p. 604: by Best and Taylor).

NEWS AND NOTES

WHO Representative for India

Dr. Oliver Leroux of Canada who has been appointed as WHO's Area Representative in India, arrived on 6th October and took charge of his office. The Services of an Area Representative would be particularly useful in India, as the Regional Office for S. E. Asia located in New Delhi, has not been in a position to collaborate with the Ministry of Health and Director General of Health Services as closely as it would have wished in overall planning and development of long-range public health programmes in India, particularly those needing outside assistance.

Dr. Leroux will act as the main link between the WHO Regional Office and the national health services at the Centre and the States. He will also arrange for close cooperation with the Foreign Operations Administration (U S.) and Colombo plan in their health work.

World Confederation for Physical Therapy : London Exhibition of Apparatus for Physical Therapy

In conjunction with the First Congress of the World Confederation for Physical Therapy, an international exhibition of apparatus for physical therapy was held in the Central Hall, Westminster, from Monday the 7th to Saturday the 12th September 1953.

American manufacturers did not participate; the exhibits were representative of the best European productions today and included several items shown for the first time.

Both diagnostic and remedial equipments were on view : several eletrical and radiological apparatus for recording various physiological and other processes taking place in the human body (from head to foot, inside and outside) were on view.—(*E.M.J.A. Circular*).

ACKNOWLEDGEMENT

We have received a very neatly-got-up pamphlet embodying the clinical and other scientific findings, recorded from day to day, by Sri Dr. Kasthuri Narayanamurthi, M D., who attended on the late Sri Potti Sriramulu during his 58 days' fast unto death, at the residence of Sri Bulusu Sambamurthi who has also contributed a foreword to the book. The pamphlet priced at Rupee one can be had from the author-at 53, Mundakkanniamman Koil Street, Mylapore, Madras-4.

Pleasant Topics from Periodicals

Choice Compliment

"The art of paying a compliment is music to the ear" says Donald Adams in the *Reader's Digest* for October 1953. One of the choicest indirect compliments I have heard was a husband's anniversary greeting to his wife 'I love you not only for what you are, but for *what I am* when I am with you." The wife prized those words even more than the handsome present that accompanied it.

'Appreciative words are the most powerful force for good will on earth."—(*Reader's Digest*, Oct. 1953)

Prolific Parents

When Mrs Louis Matilda Jacobs, known as the grand old lady of Wandearah in Australia, died recently at 93, she left nearly 170 descendants, Mrs Honeyford of Charing, England when she died also at 93, left behind her 16 children, 114 grand-children, 228 great-grand-children and nine great-great-grand-children! Even these were eclipsed by Lady Temple of Stow who died in 1656 She had given birth to four sons and nine daughters and lived to see more than 700 descendants.

The world's record as the oldest mother is claimed by a Yugoslav woman aged 74. The youngest mother was five-year-old Lina Medina whose baby was born in a Peru hospital in 1939. Mrs Scholtz of Harrysmith, S. Africa had 15 children living, by her 35th birth day!—(*Sunday Standard*).

The Surest Road to Agreement

Reasonable men always agree if they understand what they are talking about The degree of one's emotion varies inversely with one's knowledge of the facts—the less you know the hotter you get."—(Bertrand Russell and *Reader's Digest*, Oct. 1953).

On Women

Very ugly or very beautiful women should be flattered or their understanding—mediocre ones on their beauty! (Lord Chesterfield)

"What did you bid no trumps on? I had three aces and four kings."

"Well, if you really want to know—one Jack, two queens and four drinks."

* * *

Fat girl:—"What is the best exercise for reducing, Doctor?"

Doctor:—"Just move your head slowly from left to right, when you are offerred a second helping."

*

Sandy:—"They tell me you're a great believer in free speech Mr. Martin."

Martin:—(proudly) "So I am-indeed, Mr. Mac Tavish."

Sandy:—"Then you'll not mind if I use your telephone"

* * *

Customer:—"I wish to buy a present for a lady"

Shop Assistant:—"Yes, Sir Is it for your wife or would you like something more expensive?"

Self help is the best help

A small item in Henry Ford archives reveals something of the industrialist's philosophy. It is a little card he had saved on which were printed the words "Help the Other Fellow", underneath Ford had written in *"To help oneself"*.—(G M A, in *Reader's Digest*, Oct. 1953).

The Best remedy

"I wonder why a girl can't catch a ball like a man", mused he "Oh" said she, "a man is so much better and easier to catch".—(*The De-Co-Co Magazine* quoted by *R. Digest*, Oct. 1953).

"During the fire at the gas works my husband led the others to safety" said Mrs. Funkey.

"I know, my dear" said Mrs. Bully "he was the first to come out of the building."

* * *

Mr Philpot was dressed ready for the fancy-dress ball, when the maid appeared with his tea 'Mary!" he said sternly, "how often must I tell you about cobwebs? I just removed a fairly large one from the bed-rail and threw it into the fire"

"Good Gracious, sir" exclaimed the maid in horror "That was our missus's dress for the fancy-ball!!"

* * *

"Have I any chance of an early rise?" asked the bright lad who had just been offered a job.

Every chance, my dear young man," said the prospective employer. "you will open the office at six o'clock punctually every morning."

Deft definitions from various sources

Adventure—Discomfort seen at a distance—(*W.T.S.*)

Sales manager—A man who earns his living by being a slave to conventions—(*R.D*)

Love—The delusion that one woman differs from another—(*I.W.I.*)

American politics—Dull, Dollar, Dulles—(*I.W.I*)

Triumph—Adding 'umph' to Try—*Ark. Vol. Farm*).

Beauty Parlour—is where women get a face-ful of mud and an earful of dirt—(*N. Y. Mirror*).

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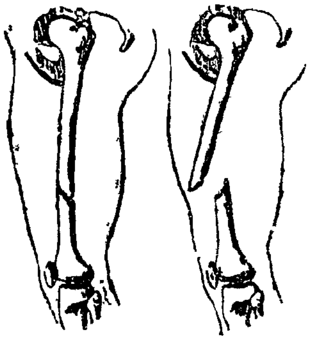
Burns,
Wounds,
Bites,
Snake-Bite,
Bruises,
Strains and Rupture of Muscles,
Poisoning,
Insensibility,
etc., etc.

चौथा अध्याया

हड्डियों का टूटना।

हड्डियां कड़ी हैं, पर आसानी से टूट जाती हैं। धक्का, गिरना, कूदना आदि में जब उन पर अधिक ज़ोर पड़ता है तब वे कांच या चीन की मिट्टी (पोर्सलीन) की तरह टूट जाती हैं। जब हड्डी टूटती है तब वह टूटना अंग्रेजी में फ्रैक्चर कहलाता है। यह टूटना बाहरी धक्के से हो सकता है या मांसपेशियों के कारण। बाहरी धक्के लगने पर अगर हड्डी ठीक उसी जगह की टूटे जहां धक्का लगा तो वह सीधा धक्का कहलाता है; जैसे पैर



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